

Get active or lose weight,
and enjoy the endorphin
rush of getting reimbursed for it!



Our fitness and weight loss benefits make it easier and more affordable to be your healthiest you.

Fitness reimbursement: Get up to \$150 for individual coverage or \$300 for family coverage per calendar year.

Covers memberships of qualified fitness facilities, participation in qualified programs/subscriptions and activities, and the purchase, maintenance, and service of qualified active mobility products.

Weight loss reimbursement: Get up to six months free with Jenny Craig, WW, or Noom.

Our weight loss benefit gives you a little extra motivation—and money—when you join Jenny Craig, WW, or Noom. We will reimburse you for up to six full months of membership fees for you or one of your enrolled dependents.*



How do I get reimbursed? The quickest way to submit your request is through the member portal at Member.MassGeneralBrighamHealthPlan.org

What qualifies for a fitness reimbursement?

- Health clubs/gyms
- SplitFit
- Virtual Fitness Subscriptions
- ClassPass memberships
- Pilates
- Yoga
- Zumba
- Aerobics
- Peloton Subscription
- Mirror Subscription
- Beachbody On Demand
- Active mobility products and services, includes standard and electric bicycles and scooters, equipment, repair, and maintenance**

Terms and conditions apply. You must be a member for 3 months or longer to qualify.

** The weight loss benefit does not cover food, nutritional supplements, or enrollment/registration fees.*

*** Maintenance and repair can include safety inspection, chain checking and oiling, brake adjustment, gear adjustment, wheel alignment, and wheel true.*

How can I get more information about my fitness benefit?

Get details about your fitness benefit and check your eligibility in your plan's Schedule of Benefits. You can access your plan information and view finalized claims at any time on our member portal at Member.MassGeneralBrighamHealthPlan.org

How do I request reimbursement for my fitness benefit?

There are two ways to submit your request form:

Submit on our member portal

The most convenient way to request your reimbursement is on Member.MassGeneralBrighamHealthPlan.org.

- Complete your form online
- Get confirmation of your submission right away

Please allow 15-30 days for processing

Submit by mail

Complete the form on the back of this flyer, and mail it to:

Mass General Brigham Health Plan

Attention: Claims/Fitness
399 Revolution Drive
Suite 810
Somerville, MA 02145

You will not get confirmation of your submission. *Please allow 30-45 days for processing.*

You may also fax your request form to **617-526-1902**.

Please note:

You must be an Mass General Brigham Health Plan member and enrolled in a plan with a fitness benefit during the period for which you are requesting reimbursement. You must be covered by Mass General Brigham Health Plan for at least three months to be eligible for your fitness benefit.

The deadline to request your fitness benefit for each calendar year is March 31 of the following year. You can only submit one request per calendar year.

Qualifying fitness facilities, programs or activities include, but are not limited to, those that offer cardiovascular, strength-training equipment, aerobic, SplitFit, ClassPass memberships, Pilates, Yoga, Zumba, CrossFit, Barre fitness activities, virtual fitness subscriptions, active mobility products and services,* and more. Visit MassGeneralBrighamHealthPlan.org to see examples of qualifying fitness facilities, programs and activities.

Mass General Brigham Health Plan reserves the right to audit requests for eligibility. If you are chosen for audit, we will contact you and request additional documentation. The audit will take an additional 14 days to process upon receipt of complete documentation.

Mass General Brigham Health Plan Fitness Benefit Coverage Request Form

Subscriber Information *(The subscriber is the primary health insurance policyholder.)*

| | | | |
|------------------|---|----------------|-----|
| Last name | First name | Middle initial | |
| Street address | City | State | Zip |
| Telephone number | Member ID# <i>(located on the front of the ID card)</i> | | |

Are you submitting for (please select all that apply)

- Fitness/Program/Subscription/Activity Active mobility products and services

Facility/Program/Subscription/Activity:

| | | |
|---|------|-------|
| Name of Facility/Program/Subscription/Activity | City | State |
| Website address of virtual fitness subscriptions: _____ | | |

Payment Information

What kind of membership do you have? Family Individual

Calendar year reimbursement being requested: _____

Check off months of participation in a qualified fitness facility, program/subscription or activity:

- January February March April May June July August September October November December

Total amount paid for months checked off above: _____

Do you pay monthly, annually or per session? _____

Active mobility products and services:

Total cost: _____

Month/Year of related expense: _____ / _____

Certification/Authorization

The subscriber must sign and date below. The fitness benefit is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information. Please note: check will be made payable to the subscriber.

Reimbursement requested for: Subscriber Covered dependent*

*Please print the full name of the covered dependent requesting reimbursement (if other than the subscriber):

To the best of my knowledge and belief, my statements in the Mass General Brigham Health Plan Fitness Benefit Coverage Request Form are complete and true. I am claiming the coverage amount as indicated in my Schedule of Benefits.

| | |
|---|------|
| Mass General Brigham Health Plan subscriber's signature | Date |
|---|------|
